

APPLICATION FOR MEMBERSHIP
Columbia County Emergency Management Agency
Dive Team

500 Faircloth Drive
P.O. Box 498
Evans, GA 30809

Ph. (706) 868-3303
Fax (706) 868-3343

General Information

Evaluations of applications are based on individual merit. Information **MUST BE COMPLETE** so that all applications can be given equitable consideration. All qualified applicants will receive consideration for membership regardless of race, color, religion, sex, age, national origin or disability. Columbia County EMA Dive Team will accept for membership only authorized workers, regardless on national origin.

You must print, sign, and date your application in ink. Incomplete applications will be rejected. Resumes are not accepted in lieu of a completed application. Applications remain active for six months after date of submission.

PERSONAL DATA

Name _____
First Middle Initial Last Social Security

Address _____
Street Apt. # City State Zip Code

Date of Birth _____

Contact Numbers: Work() _____ Home() _____

Pager() _____ Cell () _____

e-mail _____

Have you ever worked with a Dive Team or in emergency services? _____

When, Where, and type of work _____

Driver License # _____ Expiration Date _____

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Name _____
First Middle Initial Last

Have You received any traffic citations in the past 3 years? _____
Please indicate the type of offense and dates _____

Have you (since the age of 18) ever been convicted of or plead guilty or no contest to a misdemeanor? _____
Have you (since the age of 18) ever been convicted of or plead guilty or no contest to a felony? _____
If YES, describe the circumstances: _____

Have you ever been suspended, dismissed or asked to resign from any job? _____
If YES, explain in detail: _____

Can you be released from your place of employment for Dive Team operations if necessary?
Always _____ Most always _____ Occasionally _____ Never _____

Do you understand that the membership you are applying for is a volunteer position and that you will not receive any financial or material compensation for services rendered? _____

Do you understand that your signature on this application gives your consent and authorization to the Columbia County Emergency Management Agency Director to have a background investigation conducted by an appropriate law enforcement agency? _____

List any training and/or experience you have in SCUBA diving, boating, or emergency services
(Such as: First Aid, CPR, SCUBA, etc.) _____

Statement of Applicant: I, _____, certify that the information and statements made on this application are true and correct to the best of my knowledge.

Signature: _____ Date: _____

Consent Form

I, _____
Last Name First Name Middle Name

Address: _____
Street City State Zip

Race _____ Height _____
Sex _____ Weight _____
DOB _____ Eye Color _____
SSN _____ - _____ - _____ Hair Color _____

Authorize: Columbia County Emergency Management Agency
500 Faircloth Drive
Evans, GA 30809
Ph. (706)868-3303

To receive my criminal history record and driver=s record from the Columbia County Sheriff=s Department.

Signature of Subject

Signed in the presence of:

Witness

By: _____

SWORN TO AND SUBSCRIBED

Before me this ____ day of _____, 20____.

Notary Public
My Commission Expires: _____